

CVS Evidence Request



Report Number _____

_____ has been the victim of Identity Theft. The unknown suspect cashed a fraudulent check or illegally used a Credit/Debit card in your store(s). The victim has filed a report with our agency and has asked for us to obtain evidence on his behalf, pursuant to PC 530.8. The victim is providing written authorization to obtain evidence for the criminal investigation.

Date _____ Signature _____

This letter will serve as a formal request for you to provide the Fresno Police Department with the evidence in this case. The victim is requesting you locate and provide evidence of the transaction and video/photographic evidence to help us identify and prosecute the suspect. Evidence of the transaction can be a paper receipt or an Electronic copy. In addition to the video of the suspect committing the fraudulent transaction, any other video of the suspect going in, out or through the store will give us a better opportunity to identify the suspect. Evidence from the parking lot or vehicles would also be appreciated if available.

| Chk | Crd | Deb | Victim Name | Account holder on check if different | |
|---|--------------------------|--------------------------|-------------|--------------------------------------|--------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Financial Institution or Bank Card Issuer | | | | Account Number | |
| | | | | | |
| Store number or Address | | | | Date / Time (if known) | Amount |
| | | | | | \$ |

| Chk | Crd | Deb | Store number or Address | Date / Time | Amount |
|--------------------------|--------------------------|--------------------------|-------------------------|-------------|--------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | \$ |

| Chk | Crd | Deb | Store number or Address | Date / Time | Amount |
|--------------------------|--------------------------|--------------------------|-------------------------|-------------|--------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | \$ |

For chain of evidence purposes, we need the name of the person who copied the evidence or provided it to our representative.

| Items Provided to FPD | | | |
|--|---------------|-------------------------------|------------|
| | | | |
| Name of person who retrieved evidence | ID number | Date | Assignment |
| | | | |
| Name of person sending evidence to FPD | ID number | Date | Assignment |
| | | | |
| How evidence provided to FPD | Date provided | Tracking number if applicable | |
| | | | |
| FPD personnel receiving evidence | Date received | Comments | |
| | | | |